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	(Column 1)				0 119 10 42 2	
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٠.	(37 CFR 1.16(a))		NUMBER EXTRA	RATE		SMALL ENTITI
٠.	TOTAL CLAIMS (37 CFR 1.16(c))			FEE		
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مده	INDEPENDENT CLAIMS	03 20 =	<u> </u>	11,25	OR	1.
_		minus 3 =			1 00	FO 1'
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	If the difference in column 1 to 1			1 +5:180		
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L	FIRST PRESENTATION OF	Maria a		x s 100=	OR XS	==
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ŀ			(37 CFR 1.16(d))	42180=	OR x 5 200	1 1
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	OF MULTIPLE DEPENDENT CO				R x 5200	
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1	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 3.					
t.	The Highest Number Previou	ISLY Paid FOR IN THIS SPACE	E is less than 20. enter	50.	ADD'L FEE	
If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20" The "Highest Number Previously Paid For (IN THIS SPACE is less than 20, enter "20" This collection of Information is required by 37 CFR 1.16. The Information is the highest number found in the appropriate to the process of an application of CFR 1.16. The Information is the highest number found in the appropriate to the process.						
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If the "Highest Number Previously Paid For IN THIS SPACE is less than J. enter "J".

The "Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR (.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any complete and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS